

**STUDENT NAME:** \_\_\_\_\_

**WCC ID #:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
STREET OR PO BOX CITY STATE ZIP

You indicated on the 2019-2020 FAFSA that you (*or your parent(s) for dependent students*) provide more than half of the support for a child or other dependent(s). The Financial Aid Office requires verification of this support. **PLEASE NOTE – Your eligibility for financial aid cannot be determined until the verification process has been completed.**

**INSTRUCTIONS:** You (*or your parent*) must complete this worksheet in blue or black ink, attach any applicable documentation, sign, and submit the completed package to the WCC Financial Aid Office for review. **IMPORTANT: Students who do not meet other dependency conditions and are unable to provide adequate documentation of providing 51% or more of the support for a dependent will need to make corrections at [fafsa.gov](https://fafsa.gov) to include parent information.**

**This form is being completed for:** ☐ Independent Student ☐ Parent of a Dependent Student

**In the spaces below, list your qualified dependent(s).** Include your children if you will provide **MORE THAN HALF** (51%+) of their support from July 1, 2019 through June 30, 2020, even if they do not live with you.

Include other people **ONLY** if they meet all of the following criteria:

- 1) They now live with you; **AND**
- 2) They currently receive more than half (51%+) of their support from you; **AND**
- 3) They will continue to receive more than half of their support from you through June 30, 2020.

**NOTE:** Support includes money, housing, food, clothing, medical/dental care, transportation, payment of college costs, and similar expenses.

**Documentation of the relationship is required** (*e.g. birth certificates, court documents, etc.*)

FULL NAME OF DEPENDENT	AGE	LAST 4 DIGITS OF SSN	RELATIONSHIP TO YOU

~if you need additional space, please attach a separate sheet of paper that includes the student name and WCC ID#

**Where is/are the DEPENDENT(S) named above living?**

- ☐ With the student ☐ With the child's other parent ☐ With the student's parent(s)  
☐ Other (*please explain*): \_\_\_\_\_

**Where is the STUDENT living?**

- ☐ In the student's own house, apt., condo, etc.  
*(attach a copy of the lease, mortgage, or other proof of housing in the student's name)* ☐ With the child's other parent  
☐ With the student's parent(s) ☐ Other: \_\_\_\_\_

**For independent students, what provisions have you made for the care of your dependent(s) while you are attending class?**

**Do you provide medical coverage for the dependent(s) named above?**

- ☐ Yes ☐ Medicaid ☐ No  
*(attach a copy of the medical card)* Who provides medical coverage? \_\_\_\_\_

**Who claimed the STUDENT on the 2018 federal tax return?**

- ☐ The student ☐ The student's parent(s) ☐ Other: \_\_\_\_\_

**Who claimed the DEPENDENT(S) named above on the 2018 federal tax return?**

- ☐ The student ☐ The student's parent(s) ☐ Other: \_\_\_\_\_ ☐ Not born until 2019  
*(if the dependent was claimed by the student or student's parent(s), attach a copy of the applicable 2018 federal tax return)*

**Did the DEPENDENT(S) named above file a federal tax return for 2018?**

- ☐ Yes (*attach a copy of the DEPENDENT'S 2018 tax return and W-2's*) ☐ No

**Who will claim the dependent(s) named above on the 2019 federal tax return?**

Name: \_\_\_\_\_ Relationship to the dependent(s): \_\_\_\_\_

Does the **person you support** receive any earnings or benefits? (check all that apply)

- ☐ Wages: amount \$ \_\_\_\_\_ per \_\_\_\_\_
 ☐ Retirement: monthly amount \$ \_\_\_\_\_
- ☐ Social Security/SSI: monthly amount \$ \_\_\_\_\_
 ☐ VA Benefits: monthly amount \$ \_\_\_\_\_
- ☐ Public Assistance: type: \_\_\_\_\_
 ☐ Other: amount \$ \_\_\_\_\_ per \_\_\_\_\_
- ☐ My dependent is not employed and receives no benefits

MONTHLY INCOME/BENEFITS INFORMATION			
TYPE OF INCOME	STUDENT	PARENT of Dependent Student	REQUIRED DOCUMENTATION
Earnings from work	\$	\$	copy of the most recent pay stub
Unemployment	\$	\$	copy of current benefit statement
Social Security/SSI	\$	\$	copy of current benefit statement
Child Support RECEIVED	\$	\$	proof of support received for <u>all children</u> for the past 12 months (statement from child support agency, bank statements, copies of checks)
Work First/TANF	\$	\$	statement from DSS
SNAP/Food Stamps	\$	\$	copy of EBT card or statement from DSS
WIC	VOUCHER	VOUCHER	statement from DSS
<b>TOTAL INCOME</b>	<b>\$</b>	<b>\$</b>	

Do you receive any assistance not included elsewhere on this form from family, friends, or others? (gifts, loans, etc.)

- ☐ Yes
 ☐ No

If yes, list the person who provides assistance, relationship to the student, type of assistance, and amount provided each month:

Person/Relationship to Student	Type of Assistance	Amount per Month
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

MONTHLY EXPENSES				
Monthly Expense	Monthly Cost	Amounts Paid by:		If paid by "other", provide name & relationship
		Student	Other	
Housing (rent, mortgage, etc.)	\$	\$	\$	
Food (groceries, meals out)	\$	\$	\$	
Utilities (gas, water, electric)	\$	\$	\$	
Phone (cell or landline)	\$	\$	\$	
Internet/Cable or Satellite TV	\$	\$	\$	
Childcare/Dependent Care*	\$	\$	\$	
Transportation (gas, car payment, auto insurance, maintenance, or mass transit expenses)	\$	\$	\$	
Child Support PAID*	\$	\$	\$	
Other: _____	\$	\$	\$	
<b>TOTAL EXPENSES</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	

\*supporting documentation may be required

## CERTIFICATION AND SIGNATURE

By signing below, I certify that all information reported on this form and any documentation provided is true and complete.

STUDENT SIGNATURE (REQUIRED) \_\_\_\_\_

DATE \_\_\_\_\_

PARENT SIGNATURE (REQUIRED FOR DEPENDENT STUDENTS) \_\_\_\_\_

DATE \_\_\_\_\_

RETURN THIS COMPLETED FORM WITH REQUIRED DOCUMENTATION TO:

**Wayne Community College - Financial Aid Office - PO Box 8002 - Goldsboro, NC 27533-8002**

**FAX: 919-736-9425**

Wayne Community College is accredited by the Southern Association of Colleges and Schools Commission on Colleges to award associate degrees. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097 or call 404-679-4500 for questions about the accreditation of Wayne Community College. The Commission on Colleges may be contacted only if there is evidence that Wayne Community College is significantly non-compliant with a requirement or standard. Accreditation standards are located at: <http://www.sacscoc.org/principles.asp>. Inquiries about Wayne Community College, such as admission requirements, financial aid, educational programs, etc. should be addressed directly to Wayne Community College and not the Commission's office.